

Case Number:	CM14-0046067		
Date Assigned:	07/02/2014	Date of Injury:	01/16/2011
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old male who reported an injury on 01/16/2011 due to a fall. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included chiropractic care, acupuncture, physical therapy, and multiple medications. The injured worker was evaluated on 04/20/2014. It was noted that the injured worker complained of chronic low back pain, neck pain, and shoulder pain. Objective findings included limited lumbar range of motion secondary to pain with absent deep tendon reflexes and 5/5 motor strength. It was noted that the injured worker did not have any sensory deficits. The injured worker's diagnosis included lumbosacral spondylosis. A request was made for bilateral lumbar epidural steroid injection at the L4-5 and L5-S1 due to progressive symptoms correlative with a previously obtained magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral Transforaminal LESI at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural Steroid Injections Page(s): page(s) 46.

Decision rationale: The requested bilateral transforaminal lumbar epidural steroid injection at L4-5 and L5-S1 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have findings of radiculopathy upon physical examination corroborated by pathology identified on an imaging study that have failed to resolve with conservative treatment. The clinical documentation submitted for review does not provide significant radicular findings to support the need for an epidural steroid injection. Additionally, although it is noted that the injured worker underwent an magnetic resonance imaging (MRI), and independent review of the imaging study was not provided with the submitted documentation. Therefore, an epidural steroid injection would not be indicated at this time. As such, the requested bilateral transforaminal lumbar epidural steroid injection at the L4-5 and L5-S1 is not medically necessary or appropriate.

Lumbar epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AJNR Am J Neurodiol. 2005 Mar; 26(3): 502-5, Incorrect needle position during lumbar epidural steroid administration: inaccuracy of loss of air pressure resistance and requirement of fluorscopy and epidurography during needle insertion. Bartynski WS, Grahovac SZ, Rothfus WE. Source Department of Radiology, Division of Neuroradiology, university of Pittsburgh Medical Center, Pittsburgh, PA 15213, USA. Last updated 03/01/2005

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested procedure is not supported by the documentation, the requested ancillary service is also not supported.

Contrast Dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AJNR Am J Neurodiol. 2005 Mar; 26(3): 502-5, Incorrect needle position during lumbar epidural steroid administration: inaccuracy of loss of air pressure resistance and requirement of fluorscopy and epidurography during needle insertion. Bartynski WS, Grahovac SZ, Rothfus WE. Source Department of Radiology, Division of Neuroradiology, university of Pittsburgh Medical Center, Pittsburgh, PA 15213, USA. Last updated 03/01/2005

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary last updated 03/18/2014 regarding sedation for ESI

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.